



REQUEST FOR LETTER OF GOOD STANDING

FULL NAME:
(please print)

PHYSICAL MAILING ADDRESS:

DAYTIME PHONE NUMBER:

HOME PHONE NUMBER:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

RECIPIENT OF LETTER:

PICKUP LETTER ☐

MAIL LETTER ☐

(signature)

(date)

The Fauquier County Sheriff's Office will respond in writing to this request within five (5) business days.

RECORD ROOM USE ONLY:

Made Copy of Driver's License? Yes ☐ No ☐

(name)

(date)